

legal, religious, fraternal and industrial communities provide for virtually all the needs of the folks in Roswell and the area.

The next 125 years will no doubt see similar developments—growth, problems, ups and downs—as these years since 1873 have witnessed. But the good folks of Roswell will be proud to live here and enjoy being a part of the Land of Enhancement!•

#### VERMONT HOME HEALTH CARE

• Mr. LEAHY. Mr. President, it has been a long road to get us where we are today to a modification of the unfair Medicare home health interim payment system (IPS) reimbursement that passed last year as part of the Balanced Budget Act (BBA). Making sure that this change was passed this year was not about politics but about helping those with the most to lose, the seniors and disabled Americans who rely on home health care.

At the beginning of this year, when I discussed with my colleagues a problem with the "Medicare Home Health IPS," I received a lot of blank stares. The rising level of understanding about this problem—and the rising level of support to fix it—was a commendable and effective team effort on the part of home health beneficiaries and their care givers. They were able to explain to their representatives in Congress why the short-term tinkering in health policy that created the IPS was unfair and was done with too little thought for the consequences.

The IPS passed last year sought to reduce overall spending on home health care by eliminating fraud, waste and abuse to preserve the benefit for those who truly need it. But as Vermont providers know all too well, there were unintended consequences of this proposal that severely harmed their ability to provide care to the most vulnerable populations.

Under this faulty system, Vermont's 13 non-profit home health agencies predicted millions of dollars in reduced payments this year while already boasting the lowest average Medicare costs in the country. The skewed thinking behind the IPS created a system under which Vermont was punished for its low-cost, efficient provision of home health care while high-cost, inefficient providers were rewarded.

A year ago this month, my office began to receive phone calls and letters from Vermont home health beneficiaries and their care givers who were beginning to understand what the overwhelming impact of the new IPS would be. In an effort to raise this issue to the level of where we are today, concerned senators and representatives began the drum beat of highlighting this as a critical issue that must have relief this year.

From the beginning there was a lot of reluctance by the congressional leadership to take up any Medicare legislation this year.

The home health agencies in my state were relentless in their efforts to

continue to call attention to the fundamental unfairness of the Medicare IPS that punished their prudent and efficient provision of service to Vermonters.

My staff and I met with home health officials, and we agreed early on that any and all pressure that we could put on the Administration and other members of Congress would be critical to ensuring the ability of home health care providers to meet the needs of Vermonters.

Several bipartisan Senate bills were introduced over the past year, the first being one sponsored by Senators KENNEDY, KERRY, JEFFORDS and myself. We knew at the time that this was not the perfect answer but that we needed to start a process to get the ball rolling.

Subsequently, several other bills were introduced which I also cosponsored, most notably by Senator COLLINS and another by Senator GRASSLEY. I also joined Senator BOND in offering an amendment in the Appropriations Committee which we withdrew once we were assured that the Republican leadership was taking this issue seriously and would deal with it separately. My colleague from Vermont, Senator JEFFORDS, has pushed hard for this solution as a member of the Finance Committee.

I applaud the bipartisan nature of the work to get this situation turned around. The beneficiaries, the agencies which serve them, and Members of Congress continued to press until we found some relief from the fundamental unfairness in the payment system for home health care.

The Omnibus Appropriations Act conference agreement passed today makes necessary changes to the IPS payment system for the Medicare's home health care benefit. In short, the agreement is expected to provide some equity to agencies which have low-cost, low-utilization practices relative to other agencies by increasing the per beneficiary limits. Agencies below the national median per beneficiary limit will have their limit increased by one-third of the difference between their limit and the national median. The agreement also delays the implementation of the prospective payment system (PPS) until October 1, 2000, and delays an across-the-board 15 percent reduction in payments to home health agencies until that date.

Like most contentious issues, this fix does not go as far as I would have liked and as far as I believe efficient providers like those in Vermont deserve. I support it however because it is better than the status quo.

In the longer term, we need to stop ignoring a more fundamental problem. Congress needs to address the long-term health care needs of the American people.

Stepping back to understanding why the IPS was passed last year, we can see that it was in recognition of the difficulty of designing a more permanent PPS for Medicare home health re-

imbursement, coupled with the need to immediately control spending.

In the long term, a well-designed PPS will provide the Medicare program with the best means to control home health spending and address the problems Vermont home care agencies, and other agencies around the country that are able to provide quality, low-cost care.

The BBA requires implementation of a PPS by agencies in FY 2000. The PPS would establish a fixed, predetermined payment per unit of service, adjusted for patient characteristics that affect the cost of care. Under a well-designed PPS system, efficient providers would be financially rewarded. Conversely, inefficient ones would need to better control their costs to remain viable. If a PPS is not properly implemented, Medicare will not save money, cost-control incentives will at best be weak, and access to and quality of care could suffer.

I am committed to working with my colleagues to make sure that we work steadfastly in overcoming any hurdles in developing a well-designed PPS so that we do not find ourselves in the same situation that we found ourselves with the IPS.•

#### KIRK O'DONNELL

• Mr. DODD. Mr. President, two weeks ago, a number of my colleagues and many members of the Washington community gathered at the National Guard Museum for a memorial tribute to a highly respected and admired figure in modern American political life: Kirk O'Donnell. As most of my colleagues know, Kirk O'Donnell was the chief counsel to former Speaker Thomas P. O'Neill Jr. and Boston Mayor Kevin White, and he also served as an advisor to Mayors, Congressmen, Senators, and even Presidents. Tragically, Kirk O'Donnell recently died at the age of 52.

As a fellow Democrat, New Englander, and Irish-American, I had many occasions to cross paths with Kirk O'Donnell, and we eventually became friends. And I have met few people in my political career who were as capable and well-liked as Kirk.

Al Hunt of the Wall Street Journal remembered Kirk as "one of the ablest and most honorable people in American politics." Tom Oliphant of the Boston Globe said, "he was arguably the best mayor Boston never had. . . . Kirk O'Donnell's life demonstrates that all of us can make a difference and that each of us should try."

In an era of growing cynicism toward politics, he made people feel optimistic that government could have a positive impact on people's lives. It is always difficult to lose someone who is clearly so special, but it is made all the more difficult by the fact that Kirk was so young and had so much more to offer.

The afterword from the O'Donnell funeral program was Ralph Waldo Emerson's definition of what constitutes a successful life: